



**YOUTH COMMUNITY CORRECTIONS BUREAU
GREAT FALLS YOUTH TRANSITION CENTERS
STANDARD OPERATING PROCEDURES**

Procedure No.: YTC 80-2	Subject: FACILITY EMERGENCY PLAN
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Applicable ACA Standards: 3-JCRF-3B-01, 3-JCRF-3B-02, 3-JCRF-3B-03, 3-JCRF-3B-04, 3-JCRF-3B-05, 3-JCRF-3B-06, 3-JCRF-3B-07, 3-JCRF-3B-08, 3-JCRF-3B-09, 3-JCRF-3B-10, 3-JCRF-3B-11, 3-JCRF-3B-12	Revision Date:
Signature: /s/ <i>Kenneth McGuire</i>	Effective Date: 01/01/10
Signature: /s/ <i>Steve Gibson</i>	

I. CENTERS DIRECTIVE:

Specific procedures to be followed in emergency situations, e.g. fire, medical, weather, and work stoppage (refer to [DOC 3.7.13 RD, Emergency Staffing/Job Action Plan](#)), shall be written and made available to all staff by the facility director. All staff shall be trained in emergency procedures. The emergency plans shall be conspicuously posted in the facility showing the location of exits, fire extinguishers, and first aid equipment. Furthermore, the staff shall conduct and document monthly emergency drills under varied conditions and during hours when the majority of residents are in the facility. This procedure will be reviewed annually.

II. DEFINITIONS:

Emergency Plans - Actions necessitated by emergency situations to assess vital and vulnerable points, review internal and external resources, and establish safety, control, communications, and deployment.

Work Stoppage - means a temporary stoppage of work or a concerted withdrawal from work by a group of employees of an establishment or several establishments to express a grievance or to enforce demands affecting wages, hours and/or working conditions (e.g. strike)

Absconder - Unless otherwise defined by local jurisdictions or regulations, absconder refers to a juvenile committed to or by regulation placed in a community residential facility who has failed to return to the facility within one hour of his or her scheduled return time or who staff have reason to believe has left without permission.

III. PROCEDURE:

A. Emergency Plans Document

1. Specific plans for the following emergencies are located as indicated in the list:
 - a. Detection and reporting of absconders (YTC 10-2, Absconding)
 - b. Fire - section III.B of this procedure
 - c. Severe weather situations - section III.C of this procedure
 - d. Power failure or gas leaks - section III. D of this procedure
 - e. Bomb threats - section III.E of this procedure
 - f. Medical emergencies - section III.F of this procedure

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g. Attempted suicides or deaths - section III.G of this procedure

B. Fire

1. Fire escape plans shall be posted in clear view on each floor of the facility, showing primary and secondary evacuation routes.
2. Monthly fire drills shall be unannounced and varied as to time of day and night and held when a majority of residents are present. Each new resident will be oriented to the evacuation procedures [refer to YTC 170-1 (A), Intake/Discharge Checklist] on the day of arrival, and after each drill, the entire group shall review the emergency plans.
3. All staff shall be familiar with the function, use, care, and maintenance of all fire and safety equipment.
4. Fire doors are to remain closed at all times and not propped open.
5. Double-key deadbolt locks are not to be used in the facility for exits from any area.
6. In the event of any fire, a reasonable suspicion of fire, or if smoke alarms go off yet no fire is visible, the staff shall see that all residents leave the facility immediately and meet at the prearranged site outside the facility. Once it is determined all residents are safe (by a head count), call the appropriate fire department, inform the proper parent agency personnel, and wait for the fire department to give clearance before any resident is allowed to return to or enter the facility.
7. Any attempts to fight any fire with the fire extinguishers shall take place only after all residents are safe and the fire department has been contacted. Fighting the fire with fire extinguishers will be done by staff only, and only after assessing the dangers involved.
8. Numbers of the fire department shall be conspicuously posted near each phone.
9. The procedures are reviewed and updated if needed at least annually.

C. Tornadoes or Other Severe Weather

1. All staff shall be familiar with the alarm and warning signals used to alert the population. A battery-operated radio with weather station shall be operable on the premises at all times.

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2. Tornado/Severe Thunderstorm Watch means the weather conditions are such that a tornado/severe thunderstorm may develop. Take the following steps:
 - a. Notify all staff and residents of impending weather conditions.
 - b. Ensure that there are adequate supplies of blankets available to be taken to the safe area.
 - c. Ensure that one telephone line is always open to receive emergency calls during severe weather watches.
 - d. Check the safe area to ensure that it is in the required condition in the event a tornado warning is issued.

3. Tornado/Severe Thunderstorm Warning means that a tornado/severe thunderstorm has developed and will probably affect those areas stated in the weather bulletin.
 - a. Relocate residents and staff to safe areas offering the greatest tornado resistance.
 - b. Staff shall take a head count to ensure that all residents are accounted for.
 - c. For the duration of a tornado warning, all residents and staff shall be seated on the floor of the tornado shelter. Blankets should be used to cover heads, arms, and legs to reduce the incidence of injury from flying glass and other debris.
 - d. Staff shall have battery operated radios to keep informed of changes in the weather conditions. They also shall have functioning battery-operated flashlights with them.
 - e. Staff and residents should remain at the safe area until the weather bulletin indicates that the tornado warning is no longer in effect.

4. The staff will take all residents to the facility's designated weather shelter area until the danger passes. Residents shall not be allowed outside the facility if threatening weather conditions are present. In severe thunder and electrical storms, residents should stay away from windows and should refrain from using plumbing, telephones, and electrical appliances.

D. Power Failure/Gas Leak

1. Any odor of gas should be investigated, and strong odors of gas or gas leaks will mean the immediate evacuation of the facility and the contacting of the gas company and/or fire department. No one will reenter the facility until the gas company or fire department personnel give the all clear.

2. Emergency lights will come on if power fails, but additional flashlights should be kept in the facility for added emergency lighting. Any power failure should be reported to the gas and electric companies. If a power outage is to be prolonged, arrangements will need to be made to take care of residents and perishable foods until power is restored.

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3. Memorandum of Understanding [YTC 80-2 (A)] is in place to house youth at St John's Lutheran Church in short-term emergency situations. In the event of long-term emergency situations other arrangements will be made based on the individual situation of the youth.

E. Bomb Threats

In the event of a Bomb Threat follow [DOC 3.7.11 RD, Bomb Threats and Suspicious Objects](#).

F. Emergency Medical Care

In the event a resident or staff member requires emergency medical care, the following steps shall be taken:

1. Determine the nature of the injury or illness with as much detail as possible in keeping with first aid training.
2. Notify appropriate medical personnel or emergency medical ambulance services, depending on the nature and extent of the illness or injury.
3. If the resident or staff member can be moved, he or she shall be assisted to the appropriate medical services for diagnosis and/or treatment.
4. If the resident/staff member cannot be moved, the emergency medical ambulance service will be called.
5. The facility director or program manager should be notified (verbally) immediately of the resident's or staff member's illness or injury and a report of the incident shall be written within 24 hours of the incident.
6. The phone number of the fire department shall be conspicuously posted near each phone.

G. Death, Homicide, Suicide

1. **Notification**
 - a. If death, homicide, suicide, or attempts are made, notify the facility director or designee, the appropriate physician, and law enforcement immediately.
 - b. In the event of offender death, the facility director or designee must notify the Department Medical Director, the Investigation Bureau Chief, the

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Youth Community Corrections Bureau Chief, and the Departments Communication Director.

- c. The facility director, or designee, will consult with the medical director and decide whether to request a post mortem examination. Unattended deaths and suicides require a post mortem examination.
- d. The facility administrator will immediately notify the Youth Community Corrections Bureau Chief and the Department Director by phone of all offender deaths.

2. Progress Notes and Incident Reports

- a. All staff who witnessed the death will complete incident reports as soon as possible, but no later than the end of the shift, citing witnessed facts concerning:
 - i. Time of expiration
 - ii. Nature of death
 - iii. Circumstances surrounding nature of death at that time
 - iv. Treatment rendered (if any)
 - v. Persons notified of death, and
 - vi. Whether an autopsy was requested.

3. Release of Information

Department employees must not release information concerning offender death to outside media, e.g. newspapers, reporters, etc. Employees must refer all such questions to the Department Communications Director.

4. Report of Offender Death and Health Record

- a. Within 24 hours, the facility director will complete and forward the incident report of offender death and location of the offender's health record to the Department Director; the Health, Planning, and Information Services Division Administrator; and the Investigations Bureau Chief.
- b. The facility director will ensure that all health record entries are complete, all pages numbered, and that health care providers are notified they may be contacted by Department Personnel.

5. Mortality Review

The medical director and/or health services bureau chief will:

- a. Coordinate a multi-disciplinary mortality review within 30 working days of an adult or youth offender's death (refer to [DOC 4.5.34, Offender Death](#))
- b. Notify all the necessary disciplines involved, i.e. legal, medical, mental health, and custody staff, that the review will be conducted to:
 - i. Determine if there was a pattern of symptoms that may have precipitated an earlier diagnosis and intervention; and

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- ii. Whether the events immediately surrounding the death may determine if the appropriate interventions occurred.

- 6. Review by Medical Examiner/Coroner
The medical examiner or coroner will review all offender deaths and subsequent reports.

H. Employee Work Stoppage

In the event of an Employee Work Stoppage follow [DOC 3.7.13 RD, Emergency Staffing/Job Action Plan](#).

IV. CLOSING:

Questions concerning this procedure shall be addressed to the Youth Transition Centers Director.

V. REFERENCES:

[DOC 3.7.11 RD](#) [Bomb Threats and Suspicious Objects](#)
[DOC 3.7.13 RD](#) [Emergency Staffing/Job Action Plan](#)
[DOC 4.5.34](#) [Offender Death](#)

VI. ATTACHMENTS:

[YTC 80-2 \(A\) Memorandum of Understanding](#)